

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90058 026 ****61.25

DOCUMENT # 713796

1. Entity Name
HARBOUR LIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**100 WETTAN LANE
N. PALM BCH., FL 33408**

Mailing Address
**100 WETTAN LANE
N. PALM BCH., FL 33408**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, JAY STEVEN
3300 PGA BLVD.
STE. 800
PALM BCH. GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WRIGHT, RICHARD T**
STREET ADDRESS **100 WETTAN LN #22**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LABOMBARD, JANE**
STREET ADDRESS **100 WETTAN LANE, # 25**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SHOEMAKER, BARBARA**
STREET ADDRESS **100 WETTEA LN #12**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WITCHKO, JOANNE**
STREET ADDRESS **100 WETTAN LN #3**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARATHES, JOAN**
STREET ADDRESS **100 WETTAN LN #18**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Susan Buzby**
STREET ADDRESS **100 WETTAN LN #21**
CITY-ST-ZIP **North Palm Beach, FL-33408**

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joanne Witchko**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #